

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & A Care Home	CHAPTER 100.1
Address: 123 Uakanikoo Place, Wahiawa, Hawaii 96786	Inspection Date: October 2, 2020 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH; <u>FINDINGS</u> Current license was not posted. Corrected during the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: center;">Completed</p>	<p style="text-align: center;">10/2/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u> , (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH; <u>FINDINGS</u> Current license was not posted. Corrected during the inspection.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>the facility will ensure to make a copy of the license as soon as the license is received & post the most current license in a conspicuous area immediately.</p>	<p style="text-align: right;">10/20/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures. FINDINGS Resident #1 - No documentation that the resident, resident's family, legal guardian or representative was informed of all facility policies and procedures at the time of admission on 9/1/20.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, a copy of the policies & procedures of the facility were given to the resident's family/ legal guardian on the day of admission. The original signed policies were misplaced after making photo copies for the family. The legal guardian to take home. The original signed policies were found the next day after the inspection & were immediately placed in the binder.</p>	10/3/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures. <u>FINDINGS</u> Resident #1 - No documentation that the resident, resident's family, legal guardian or representative was informed of all facility policies and procedures at the time of admission on 9/1/20.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>the facility will make sure to insert the signed policies in the binder immediately after making a photo copy for the family/ legal guardian surrogate.</p>	<p style="text-align: right;">10/26/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 - "Diabetic & cardiac (low sodium, cholesterol; no concentrated sweets" diet ordered 9/3/20. The ARCH is not licensed to provide special diets. The diet order is a nonstandard diet order. The diet order needs to be clarified.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Spoke to ONCA Nutritionist on 10/5/20 regarding diabetic & cardiac diet. Received direction & instruction on this special diet order and created special diet menus for diabetic & cardiac diet. The menus were received by the ONCA Nutritionist. Successfully completed special diet training 10/30/20.</i></p>	<p style="text-align: center;"><i>10/30/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - "Diabetic & cardiac (low sodium, cholesterol; no concentrated sweets" diet ordered 9/3/20.</p> <p>The ARCH is not licensed to provide special diets. The diet order is a nonstandard diet order. The diet order needs to be clarified.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>PART 2</u> <u>FUTURE PLAN</u></p> <p>Going forward for any diet order that we do not understand or need more clarification, I will contact the DHC4 Nutritionist for guidance & instructions on the diet order & menus.</p>	<p>10/30/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> The cabinet containing cleaning agents, laundry supplies was not locked.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. the cabinet containing cleaning agents, laundry supplies was locked immediately during the inspection.</p>	<p style="text-align: center;">10/2/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> The cabinet containing cleaning agents, laundry supplies was not locked.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>the facility will make a habit of returning all cleaning agents & laundry supplies back in the cabinet after each use & ensuring to lock the cabinet prior to stepping away from the cabinet. A sign will be posted to lock the cabinets that store all cleaning agents & laundry supplies. Cartgivers will check all locked cabinets during rounds, every hour.</p>	<p>10/26/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - Medication orders were dated 9/3/20; however, the September 2020 medication record was initiated 9/1/20, 9/2/20, and 9/3/20 8 a.m.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - Medication orders were dated 9/3/20; however, the September 2020 medication record was initiated 9/1/20, 9/2/20, and 9/3/20 8 a.m.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>PART 2</p> <p>the facility will call Physician or APRN and request for all medication orders to be sent to facility prior to admission of the resident. The facility will not admit resident until medication orders are received</p>	<p>10/26/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. <u>FINDINGS</u> Resident #1 - No October 2020 medication record.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, the deficiency was corrected. The medication record was filled out to reflect the October 1st & October 2nd medications given.</p>	<p style="text-align: center;">10/2/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (m)</u> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - No October 2020 medication record.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, the facility will fill out the medication records daily. The caregiver that is assigning the resident to take their medications will be required to initial the medication records. The residents' medication binder will be inspected daily prior to the end of the shift to ensure that the medication record is being filled in $\frac{1}{2}$ up to date.</p>	10/26/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. <u>FINDINGS</u> Resident # 1 - No schedule of activities.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">yes, the deficiency was corrected. the schedule of activities are written out on the form and reviewed with the resident.</p>	<p style="text-align: center;">10/4/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-16 Personal care services. (b) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. <u>FINDINGS</u> Resident # 1 - No schedule of activities.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward the facility will check with the Physician or APRN as to the creation of the schedule of activities prior to the admission of the resident. Then on the admission day, the facility will go over the schedule of activities with the resident, the family and/or the guardian to ensure that all concerns are being addressed.</p>	<p>10/30/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage; FINDINGS Resident #1 - Resident Emergency Information form was incomplete. Page 2 was missing.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, the deficiency was corrected. the Resident Emergency Information form was filled out & completed</p>	<p style="text-align: center;">10/3/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage; <u>FINDINGS</u> Resident #1 - Resident Emergency Information form was incomplete. Page 2 was missing.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, the facility will have the Resident Emergency Information form completed by the resident, resident family or the guardian prior to admission. If the form is not completed prior to admission then the facility will request for all the information either by phone, text or email on the day of admission. The facility will then complete the Resident Emergency Information form & place the form in the resident binder.</p>	10/20/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 - No diet and no medication orders at the time of admission on 9/1/20. The orders were dated 9/3/20.	<div style="text-align: center;"> PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. </div>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 - No diet and no medication orders at the time of admission on 9/1/20. The orders were dated 9/3/20.	<p style="text-align: center;"> PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> </p> <p> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> Moving forward the facility will ensure that all diet & medication orders are present & completed by the Physician or APRN prior to admission of the resident. The facility will call the Physician or APRN prior to admission of the resident & request for the current diet & medication orders. </p>	<p>10/20/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - No September 2020 progress notes.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, the deficiency was corrected. the September 2020 progress notes was filled out immediately and filled in the resident's binder.</p>	<p style="text-align: center;">10/3/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - No September 2020 progress notes.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, the facility will fill out the progress notes on a monthly basis or more often as needed. The facility will fill out the progress notes for all residents at the beginning of the month, scheduled on the first of each month to prevent confusion or any mishaps.</p>	10/26/20

	RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 - No documentation regarding conditions under which the primary care giver agrees to be responsible for the Resident Financial Statement.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. The documentation for Resident Accounts, regarding the responsibility for the Resident's financial Statement, was misplaced after making photo copies for the family/ legal guardian to take home. The original document was found the next day and was immediately placed in the binder.</p>	<p>10/3/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 - No documentation regarding conditions under which the primary care giver agrees to be responsible for the Resident Financial Statement.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>The facility will have the Resident Financial Statement filled out and signed by the resident/ resident's family/ legal guardian/ surrogate or representative. The Resident Financial Statement will be placed in the Resident binder immediately after making photocopies for the resident, the family/ legal guardian/ surrogate/ representative.</p>	<p>10/26/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS The gate from the front exit to the area of refuge did not open freely. The bottom of the gate scrapped the concrete sidewalk.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. The gate from the front exit was repaired to allow the gate to move freely & not scrape the ground.</p>	10/5/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; <u>FINDINGS</u> The gate from the front exit to the area of refuge did not open freely. The bottom of the gate scrapped the concrete sidewalk.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward the facility will ensure that exit equipment are maintained & good repair. The facility will check the exit equipment daily and have any issues corrected immediately.</p>	<p style="text-align: center;">10/26/22</p>

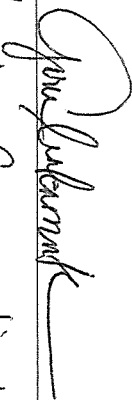
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bathroom in bedroom #1 - One (1) of three (3) lightbulbs did not work. There was no cover for the lightbulb.</p> <p>Bathroom #2 - One (1) of three (3) lightbulbs did not have a cover. Two (2) of three (3) lightbulbs did not work.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. the existing light fixture does not have any covers so the light fixture was replaced to a fixture that has a cover for both bathrooms & new light bulbs were added.</p>	<p style="text-align: right;">10/10/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. <u>FINDINGS</u> Bathroom in bedroom #1 - One (1) of three (3) lightbulbs did not work. There was no cover for the lightbulb. Bathroom #2 - One (1) of three (3) lightbulbs did not have a cover. Two (2) of three (3) lightbulbs did not work.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The facility will check all light fixtures daily. The lights will be checked in the morning and any issues will be corrected immediately. All light fixture covers will be inspected as well and corrected immediately.</p>	<p style="text-align: center;">10/20/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Resident #1 bedside signaling device could not be activated. Four (4) of five (5) bedside signaling devices could not be activated.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. New batteries were installed in all 4 bedside signalling devices & tested each one to ensure that all of them are working properly.</p>	<p>10/21/20</p>

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<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for residents' use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. <u>FINDINGS</u> Resident #1 bedside signaling device could not be activated. Four (4) of five (5) bedside signaling devices could not be activated.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>the facility will test each signaling device daily. The facility will press the call button every morning and listen for the audible signal when activated. If the signaling device does not work, then the batteries will be replaced immediately and tested again. If the device still does not work then the signaling device will be replaced with a new one.</p>	<p>10/26/20</p>

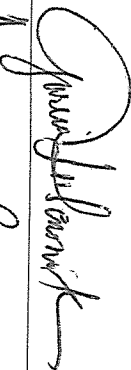
Licensee's/Administrator's Signature:



Print Name: Amalia Garcia-Lindemuth

Date: 10/26/20

Licensee's/Administrator's Signature:



Print Name: Amalia Garcia-Lindemuth

Date: 1/06/2021